LOUISIANA DEPARTMENT OF LABOR			WEEK CLAIMED			
WEEKLY REQUEST FOR ALLOWANCES BY JOB SEEKER NOT IN TRAINING				Sunday Beginning Date		Saturday Ending Date
TRADE ACT OF 1974, AS AMENDED						
JOB SEEKER'S NAME (Last, First Middle)			SO	SOCIAL SECURITY NO.		PETITION NO.
MAILING ADDRESS (Street Address, City, State, ZIP Code)						
FOR USE ONLY WHEN TRAINING COURSE HAS BEEN COMPLETED OR UNDER CERTIFIED WAIVER.						
1. Did you refuse work during this week? [] YES [] NO						
2. Were you able and available and looking for work during this week? [ ] YES [ ] NO 3. Work Search: You are required to make and report at least two work search contacts per week.						
5. WOLK Scarcii. Tou a	ne required to make and report at rea	ast two work scarcin	COIII	acts per week		
DATE OF CONTACT	EMPLOYMENT NAME & ADDRESS	PERSON CONTACTE	ED	TYPE OF WORK		OUTCOME OF INQUIRY
4. Were you employed	d or in On-the-Job Training during t	l he week being claim	ned?	[	NO	
If yes, place a check mark by your "Reason for Leaving":						
[ ] Quit or Resigned [ ] Fired or Discharged [ ] Laid Off due to a Lack of Work or Reduction in Force [ ] Still Employed/Part-Time [ ] On-the-Job Training						
[ ] Som zamprojourare rime   [ ] On the too remaining						
Name and Address of Employer				Gross Earnings		
				\$		
					Ф	
5. Did you begin receiving workers compensation, social security, a veteran's administration allowance or any other pension or						
allowance during this week? [ ] YES [ ] NO						
If yes, complete the following:  Type Date Received and Gross Monthly Amount \$						
6. Did you receive vacation, severance, or holiday pay during this week? [] YES [] NO						
If yes, complete the following: Type Date Received and Gross Amount \$						
Δηρο Dute Received and O1055 Amount φ						
I HEREBY CERTIFY THAT THESE STATEMENTS ARE TRUE AND CORRECT, AND FOR THE ABOVE WEEK, I						
AM NOT CLAIMING OR RECEIVING FROM ANOTHER STATE ANY BENEFITS RELATED TO MY UNEMPLOYMENT. I HAVE SUCCESSFULLY COMPELETED TRAINING OR HAVE BEEN CERTIFIED UNDER						
WAIVER OF TRAINING. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS.						
Signature of Job Seeker Date						

LDOL 858B (R 7/02)

**RETURN COMPLETED FORM TO:** 

TRA PAYMENT UNIT – ROOM 370 POST OFFICE BOX 94094 BATON ROUGE, LA 70804